Euthanasia or Assisted Suicide in Patients With Psychiatric Illness

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Letter to the editor

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In their recent article in *JAMA Psychiatry*, Olié and Courtet[1] took the report by Kim and colleagues [2] on euthanasia or assisted suicide (EAS) of psychiatric patients in the Netherlands as an occasion to highlight the challenges surrounding the legalization of EAS in patients with a psychiatric illness. The present contribution comments on their propositions.

First, Olié and Courtet[1] mention the option of palliative care for terminally ill patients as a possible alternative to EAS. We believe that the achievements of contemporary palliative care indicate relevance beyond the context of terminal somatic illness, for the significant group of people suffering from severe persistent mental illness (SPMI). For this group of patients, we advocate a shift towards patient-oriented palliative care, centered on the ethical principle of patient self-determination. Given its focus on empowering people with mental illness, the recovery movement is already heading in this direction.[3] However, some of those with SPMI may have a long history of failed functional recovery. Their suffering may be unbearable and their therapeutic options exhausted. In such specific cases, a reorientation of

care goals toward symptom relief as the main focus of care—possibly without modifying the course of the disease—may be a legitimate option.

Second, the authors[1] mention the possibility of EAS evaluations in the interests of suicide prevention. Although suicide prevention has a long history in psychiatry, there are potential risks in focusing mainly or exclusively on impeding suicide without taking account of the risks of overly aggressive care or even coercion. The severe side effects and interactions of polypharmacy, as well as the patient's (and doctor's) possible sense of failure, may result in an even poorer quality of life for the patient.[4] We agree with Yager[5] that hyper-interventionism (especially against the patient's wishes) and treatment excesses are not supportable; and that even patients with partially impaired decision-making capacity retain some capacity to make prudent decisions in respect of their long-term desires.

We are fully aware of the controversy surrounding futility and palliative care for patients suffering from SPMI.[4,5] First and foremost, however, we would observe that a palliative approach in psychiatry does not mean giving up on a patient but rather involves redefining the goals of care. This entails accepting the reality that mental illness can be fatal. With improvements in the quality of care, there might be fewer requests for EAS.

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